

DEPARTMENT OF WORKFORCE SERVICES  
158 SOUTH 200 WEST  
P.O. BOX 45490  
SALT LAKE CITY UT 84146

JANE DOE  
1234 FIRST STREET  
ANYTOWN UT 84000

Your Name  
Your Address

NON-NEGOTIABLE

NON-NEGOTIABLE

## NON TRADITIONAL MEDICAID IDENTIFICATION CARD

UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM – JULY 1, 2006 THRU JULY 31, 2006

Current Month

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSON(S) TO MEDICAL/DENTAL/PHARMACY SERVICES

\* \* \* \* \* **Health Plan** \* \* \* \* \* **TPL** \* \* \* \* \*

NAME  
DOE, JANE

ID  
999999999

SEX  
F

DOB  
01/01/06

AGE  
100

MEDICAL/PHARMACY  
Health Plan

DENTAL  
A Participating Dentist  
MENTAL HEALTH SERVICES  
Wasatch Mental Health

Your  
Medicaid ID  
Number

COPAY / CO-INS FOR: NON-EMERGENCY USE OF THE ER, OUTPAT HOSP & PHYSICIAN SVCS, PHARMACY, INPAT HOSP  
THIRD PARTY; MAILHANDLERS  
POLICY HOLDER: DOE,JOHN

\*\*\*\*\*

**CLIENT:** THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL MEDICAID AT 1-800-662-9651. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL DAVIS AT 1-801-451-7799. IF YOU HAVE ANY QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE AT 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD. **PROVIDER:** IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE NON TRADITIONAL MEDICAID IDENTIFICATION CARD. \*\*\*\*\* 00012345 FM

Case Number and Program Type